

College Station Medical Center



Sponsorship and Donation Request Form

Type of request (donation or sponsorship): _____

Purpose of request (who is the money benefitting?):

Amount of request: \$_____

Name of organization: _____

Tax ID number: _____

Organization address (for mailing payment):

How many people will benefit from this sponsorship/donation? _____

Track record with particular event (tell us your successes):

Will this sponsorship benefit the hospital? If so, how?

Contact Information:

Name _____ Phone _____

e-mail _____ Fax _____

Please return this request to the marketing department at College Station Medical Center,
russell.mariott@csmedcenter.com or mail to Attn: Marketing, College Station Medical Center, 1604 Rock
Prairie Road, College Station, TX 77845.